## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/591757

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

## **CLAIMS**

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CLAIMS	0		28		0	

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TOTAL IND.	0		0	▼	0	▼
TOTAL DEP.	0		0	<b>4</b>	0	
TOTAL CLAIMS	0		O TMENT of C	OMMER CR	0	

PTO - 1360 (REV. 04/2007)

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